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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J42336** (4)

1. Corporation Name
FLORIDA KENTUCKY TIMBERLANDS, INC.

Principal Place of Business

**200 WEST VINE STREET
SUITE 8K
LEXINGTON KY 40507**

Mailing Address

**200 WEST VINE STREET
SUITE 8K
LEXINGTON KY 40507**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1986

4. FEI Number **61-1108915**
Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**JONES, FRANK L.
118-1/2 EAST JEFFERSON STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CLAY, CATESBY**
STREET ADDRESS **200 WEST VINE STREET**
CITY-STATE-ZIP **LEXINGTON KY**

TITLE **PD** ☐ DELETE
NAME **KENAN, JAMES**
STREET ADDRESS **200 WEST VINE STREET**
CITY-STATE-ZIP **LEXINGTON KY**

TITLE **D** ☐ DELETE
NAME **LANGHORNE, CHISWELL D JR**
STREET ADDRESS **200 WEST VINE STREET**
CITY-STATE-ZIP **LEXINGTON KY**

TITLE **T** ☐ DELETE
NAME **PARKER, FRED N**
STREET ADDRESS **200 W VINE ST**
CITY-STATE-ZIP **LEXINGTON KY**

TITLE **AT** ☐ DELETE
NAME **CROUCH, CARROLL R**
STREET ADDRESS **200 W VINE ST**
CITY-STATE-ZIP **LEXINGTON KY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carroll R Crouch*

3/30/98

606-254-8498

CR2E034 (10/97)